Reset

Standard Insurance Company

866.440.4846 Tel 800.378.6053 Fax
PO Box 2800 Portland OR 97208-2800

State of Arizona
Short Term Disability Claim
Employer Statement

TO BE COMPLETED BY EMPLOYER

Employee's Full Name:	Social Security No.:	Job Title: *(Please attach a copy of the job description.)*	1. Date Employed:

2a. Prior STD Coverage? ☐ Yes ☐ No 2b. If yes, effective date _____

3. Date employee's Standard STD Insurance effective: _____

4. Is disability work-related? ☐ Yes ☐ No ☐ Undetermined

5. Has the employee filed for Workers' Compensation: ☐ Yes ☐ No

6. Employee's earnings: $ _____
(Check one) ☐ hourly ☐ (base pay) weekly ☐ monthly ☐ annual ☐ other

7. Last active day at work: _____

8. Job status when disability began: ☐ Full-time (____ hours/week) ☐ Part-time (____ hours/week)

9. Date employee returned to work: _____

10. In which of the following retirement plans or programs does the employee participate?

- ☐ Arizona State Retirement System
- ☐ Public Safety Officers Retirement Plan
- ☐ Elected Officials' Retirement Plan
- ☐ Correctional Service Officers Retirement Plan
- ☐ Optional Retirement Plans of the universities (AIG, VALIC, Aetna, Fidelity, TIAA-CREF and Vanguard)
- ☐ A Judge Pro Tempore, an employee in a medical residency program or a Cooperative Extension employee on federal appointment who by statute is not entitled to pension and isn't on per diem basis who is actively at work 20+ hrs/wk.

Employer:	Phone No.:	Policy No.:	
State of Arizona	( )	**617950**	
Mailing Address:	City:	State:	Zip Code:

Acknowledgement

I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 2 of this form.

Signature of Authorized Benefit Administrator: _____ Date: _____

Prepared By:

Additional Information:

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State of Arizona
Disability Insurance
Claim Form Fraud Notices

Some states require us to provide the following information to you:

CALIFORNIA RESIDENTS

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO RESIDENTS

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA RESIDENTS

Any person who knowingly and with intent to injure, defraud or deceive an insurance company, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

NEW JERSEY RESIDENTS

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PENNSYLVANIA RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

ALL OTHER RESIDENTS

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

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